

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Keep Nick Rahall In Congress Committee

Full Name (Last, First, Middle Initial)

A. Hon. Hillary ClintonMailing Address Hillary Clinton for President
PO Box 101436

City Arlington State VA Zip Code 22210

Purpose of Disbursement
Federal ContributionCandidate Name
Hon. Hillary Rodham ClintonCategory/
TypeOffice Sought: ☐ House
☐ Senate
☒ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: D1245

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	7

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Mr. John Unger

Mailing Address PO BOX 11530

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Federal ContributionCandidate Name
John Unger - Unger for CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: D1246

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Newspapers In EducationMailing Address National Service Center
8301 Broadway Street

City San Antonio State TX Zip Code 78209

Purpose of Disbursement
non-federal donation, sponsorship

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D1236

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)